

## University of Maryland, School of Dentistry

<b>Amendment/Correction of Health Record Request Form</b>	
Name:	Request Date:
Mailing Address:	Date of Birth:
City/State/Zip:	Medicaid ID# or Soc. Sec. #:
<b>Identify the Information you want Amended/Corrected</b>	
Which information needs to be amended?	
Date of information:	Writer of information:
Explain how the information is incorrect/incomplete. What should the information state to be more accurate or complete? <i>(You may attach any information you have to support your request.)</i>	
<hr/> <hr/> <hr/>	
If you would like this amendment/correction sent to anyone we may have disclosed this information to in the past, please list the name and mailing address of the organization or individual.	
Name: _____ Address: _____	
I understand that the University of Maryland, School of Dentistry may or may not amend my record based on my request. I understand that the University of Maryland, School of Dentistry is not permitted to alter the original record. I understand this request for an amendment will be made part of my permanent record. I acknowledge that I have read both pages 1 and 2 of this form.	
<hr/> Signature of Individual or Personal Representative	<hr/> Authorized by Law Date
<hr/> Signature of Witness (If signed with an "X" or mark)	<hr/> Date
<b>For University of Maryland, School of Dentistry Use Only</b>	
Date received: _____	
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Delayed <i>If delayed, date action will be taken:</i> _____	
<i>If denied, mark the reason for denial:</i> <input type="checkbox"/> PHI was not created by this organization.	
<input type="checkbox"/> PHI is not available to the individual for inspection as permitted by federal law (e.g., psychotherapy notes).	
<input type="checkbox"/> PHI is not part of the designated record set.	
<input type="checkbox"/> PHI is accurate and complete.	
<input type="checkbox"/> Other: Specify _____ <b>Comments:</b>	
<input type="checkbox"/> Individual was informed of denial in writing. <i>(attach copy of notice)</i>	
<hr/> Signature & Title of Agency Representative	<hr/> Date

Please direct questions related to HIPAA and privacy to:  
 Mr. Kent Buckingham, MS, HIPAA Officer  
 University of Maryland School of Dentistry  
 650 West Baltimore St., Room G424, Baltimore, MD 21201  
[Kbuckingham@umaryland.edu](mailto:Kbuckingham@umaryland.edu) (410)706-0343 (410)706-3389(fax)

Please direct questions related to patient records to:  
 Louis G. DePaola, DDS, MS, Associate Dean of Clinical Affairs  
 University of Maryland School of Dentistry  
 650 West Baltimore St., Room 5209, Baltimore, MD 21201  
[Ldepaola@umaryland.edu](mailto:Ldepaola@umaryland.edu) (410)706-1189 (410)706-0519(fax)

## University of Maryland, School of Dentistry

### Your Right to Amend Information in Your Record

- You have a right to request amendments/corrections to your information held in University of Maryland, School of Dentistry files.
- You have a right to have an answer to your request within 60 days. If there are delays in getting you the answer, you will receive a notice in writing. The delay cannot be more than 30 days.
- If you disagree with the answer, you can provide a written statement saying how you would like your record to be changed. University of Maryland, School of Dentistry will keep this statement with your record.
- University of Maryland, School of Dentistry may also write an answer to your statement, which will also be placed in your record. You can have a copy of the statement.
- Your statement and the University of Maryland, School of Dentistry answer will be included when your record is shared.

### Your Right to File a Privacy Complaint

You may contact the Privacy Office listed below if you want to file a complaint or to report a problem about how University of Maryland, School of Dentistry has used or disclosed information about you. Your benefits will not be affected by any complaints you make. University of Maryland, School of Dentistry cannot punish or retaliate against you for filing a complaint, cooperating in any investigation, or refusing to agree to something that you believe to be unlawful. Your Privacy office contact is:

**Kent Buckingham,**

Executive Director of IT and Facilities Management, HIPAA & IT Security Officer,  
University of Maryland, School of Dentistry  
650 West Baltimore St., Room G424, Baltimore, MD 21201  
[Kbuckingham@umaryland.edu](mailto:Kbuckingham@umaryland.edu) Phone: 410-706-0343 Fax: 410-706-3389

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